



DOCKET NO. LFS-5015USNP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Joel Racchini et al.

Serial No.: 10/653,023

Art Unit: unknown

Filed : 08/28/2003

Examiner: unknown

For : Devices, Systems and Methods for Extracting Bodily Fluid and Monitoring an Analyte Therein

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

12-11- 2003

(Date of Deposit)

(Name of applicant, assignee, or Registered Representative)

(Signature)

12-11- 2003

(Date of Signature)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Joel Racchini et al., entitled Devices, Systems and Methods for Extracting Bodily Fluid and Monitoring an Analyte Therein, attorney Docket No. LFS-50115USNP, to complete, pursuant to Rule 51, this application filed on 08/28/2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/LFS-5015USNP/MM in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Applicant also authorizes the Statutory basic filing fee of \$770.00 and the additional claim fees of \$54.00 to be charged to Deposit Account 10-0750/LFS-5015USBP/MM.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/LFS-5015/MM.

Respectfully submitted,

 12/11/03
Mayumi Maeda
Reg. No. 40,075
Attorney for Applicant(s)

Johnson & Johnson
International Patent Law Division
Attention: Philip Johnson
P.O. Box 1222
New Brunswick, NJ 08903
(408) 956-4790
Dated: 12-11-2003



Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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| | | | |
|---|--|--------------------------|---------------|
| DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | LFS-5015 USNP |
| | | First Named Inventor | Joel Racchini |
| | | <i>COMPLETE IF KNOWN</i> | |
| | | Application Number | 10/653,023 |
| | | Filing Date | 08/28/2003 |
| | | Group Art Unit | unknown |
| | | Examiner Name | unknown |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICES, SYSTEMS AND METHODS FOR EXTRACTING BODILY FLUID AND MONITORING AN ANALYTE THEREIN
(*Title of the Invention*)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **08/28/2003** as United States Application Number or PCT International Application Number
10/653,023 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? |
|--|---------|----------------------------------|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | |



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/476,733 | 06/06/2003 | |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status |
|------------------------|-------------|----------|
| | | Patented |
| | | Patented |
| | | Patented |

I hereby appoint:

Practitioners at Customer Number **000027777** → Place Customer Number Bar Code Label Here

AND

Practitioner(s) named below:

| Name | Registration Number |
|-----------------|---------------------|
| Mayumi Maeda | 40,075 |
| Bernard E. Shay | 32,061 |
| Paul Coletti | 32,019 |
| Mark Warfield | 33,463 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Mayumi Maeda at telephone number 408 956 4790

Customer Number
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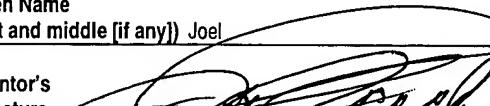
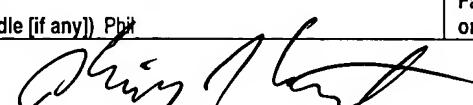
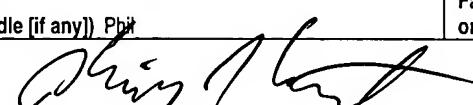
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DEC 16 2003



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | |
|---|----------|---|----------------|
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Joel  | | Family Name or Surname Racchini | |
| Inventor's Signature  | | Date 12/10/03 | |
| Residence: City Edina | State MN | Country US | Citizenship US |
| Mailing Address 4221 W. 44 th St. | | | |
| City Edina | State MN | ZIP 55424 | Country US |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Michael  | | Family Name or Surname Hilgers | |
| Inventor's Signature  | | Date 12/10/03 | |
| Residence: City Lake Elmo | State MN | Country US | Citizenship US |
| Mailing Address 9818 59 th Street Court | | | |
| City Lake Elmo | State MN | ZIP 55042 | Country US |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF THIRD INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Phil  | | Family Name or Surname Stout | |
| Inventor's Signature  | | Date 12/10/03 | |
| Residence: City Roseville | State MN | Country US | Citizenship US |
| Mailing Address 2927 Galtier St. | | | |
| City Roseville | State MN | ZIP 55113 | Country US |



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| | | | | |
|---|----------|---|----------------|--|
| NAME FOURTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Thomas | | Family Name or Surname Rademacher | | |
| Inventor's Signature | | | Date 12-10-03 | |
| Residence: City St. Paul | State MN | Country US | Citizenship US | |
| Mailing Address 1676 Minnehaha Ave. W. | | | | |
| City St. Paul | State MN | ZIP 55104 | Country US | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF FIFTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Joel | | Family Name or Surname Mechelke | | |
| Inventor's Signature | | | Date 12-10-03 | |
| Residence: City Stillwater | State MN | Country US | Citizenship US | |
| Mailing Address 13945 23 rd St. North | | | | |
| City Stillwater | State MN | ZIP 55082 | Country US | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SIXTH INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Cass A. | | Family Name or Surname Hanson | | |
| Inventor's Signature | | | Date 12-10-03 | |
| Residence: City St. Paul | State MN | Country US | Citizenship US | |
| Mailing Address 1735 Ingelhart Ave. | | | | |
| City St. Paul | State MN | ZIP 55104 | Country US | |